

Name
in
Full

Charlotte F Adams

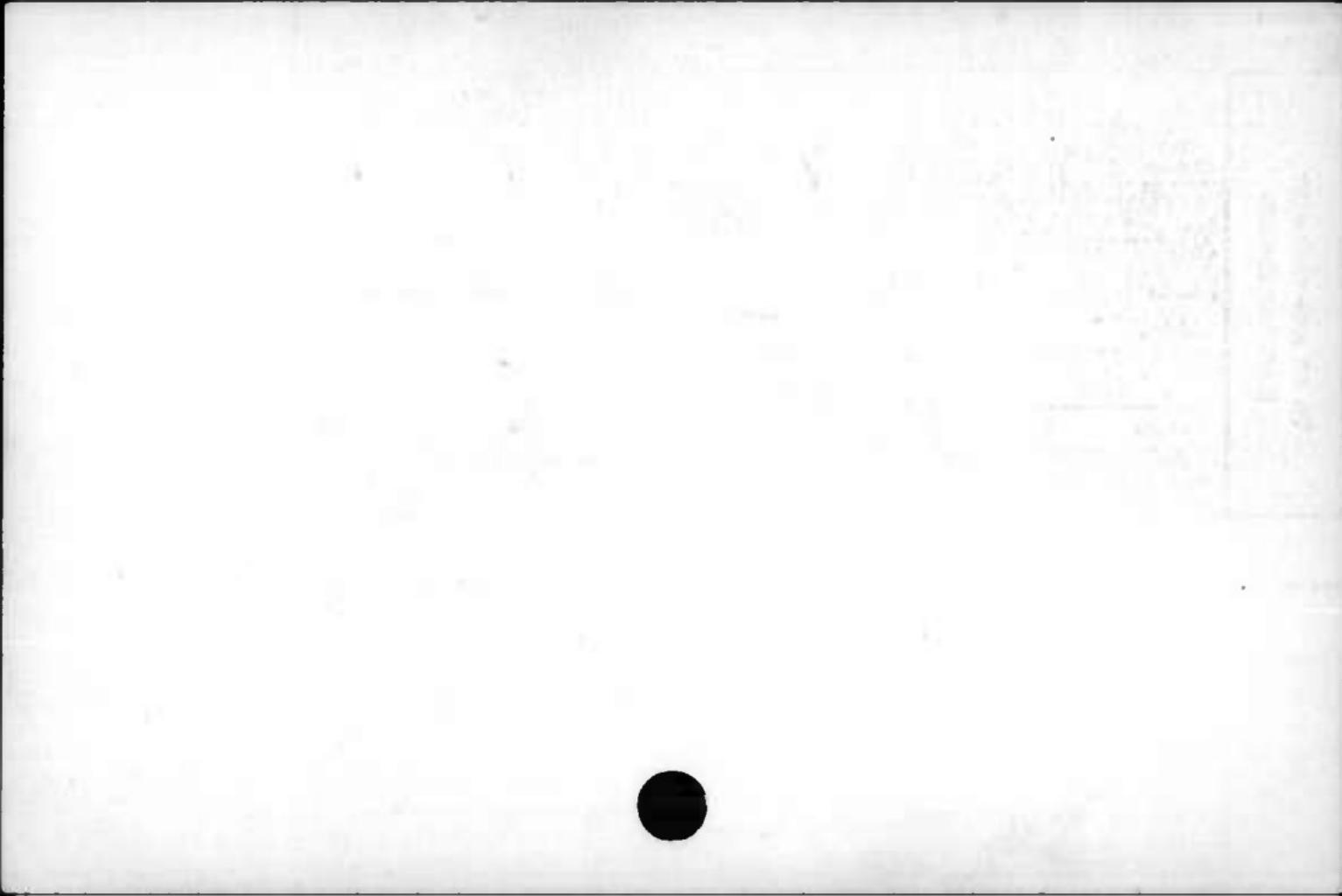
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	11	Months	23 Days
Sex	Color or Race	Birth-place		Ad		
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John Adams		Ad		
Father's Name	Elijah Simonds		Father's Birthplace	Ad		
Mother's Maiden Name	Mary Simonds		Mother's Birthplace	Ad		
Name of person giving information	John Adams		How related to deceased	Husband Ad		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Paraplegia	(66)	How long
	Immediate	General debility		30 x years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	
		Address	T. M. Gleasons Salisbury Ad	
Accident or Suicide?				



Name
in
Full

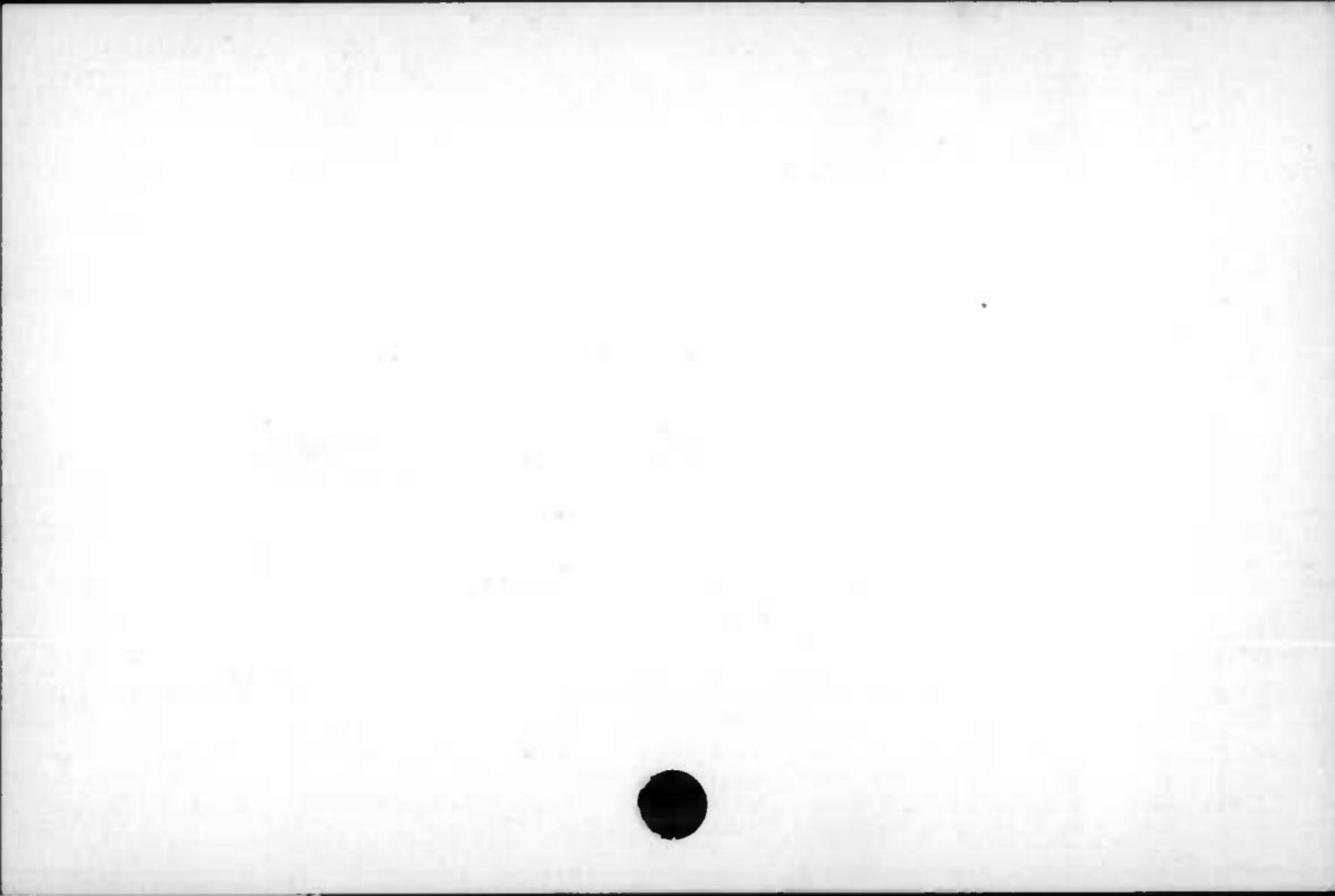
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mariah Adkins						CERTIFICATE OF DEATH		
Died at Salisbury			County Wicomico			MARYLAND		
Date of death 1907	Month Nov.	Day 19	Age 88	Years	Months 4	Days 14		
Sex Female	Color or Race White		Birthplace Maryland					
Occupation None	Where Residing if not at place of death							
Married, Single or Widowed Widowed	Name of Wife or Husband John Adkins							
Father's Name Nichols	Father's Birthplace Baltimore							
Mother's Maiden Name Not Known	Mother's Birthplace Baltimore							
Name of person giving information Jason Tilghman	How related to deceased Son in Law							
CAUSES OF DEATH								
Primary	Inflammation of Ags & Gripps		How long 20 years					
Immediate	Inflammation & Inanity		How long 2 weeks					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician F. M. Clemmons					
			Address Salisbury					
Accident or Suicide?								

(10)

Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician F. M. Clemmons
Address Salisbury
Accident or Suicide? No
Md.



Name
In
Full

Milby Adkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	new Pennellville	Whitemarsh					
Date of death	1907 Mar	14	Age	68	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Johannathan Adkins		Father's Birthplace	Md			
Mother's Maiden Name	Elizabeth Adkins		Mother's Birthplace	Md			
Name of person giving information	L B Birmingham		How related to deceased	niece			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old Age

93

How long

One year

Immediate

Lobar Pneumonia

How long

9 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

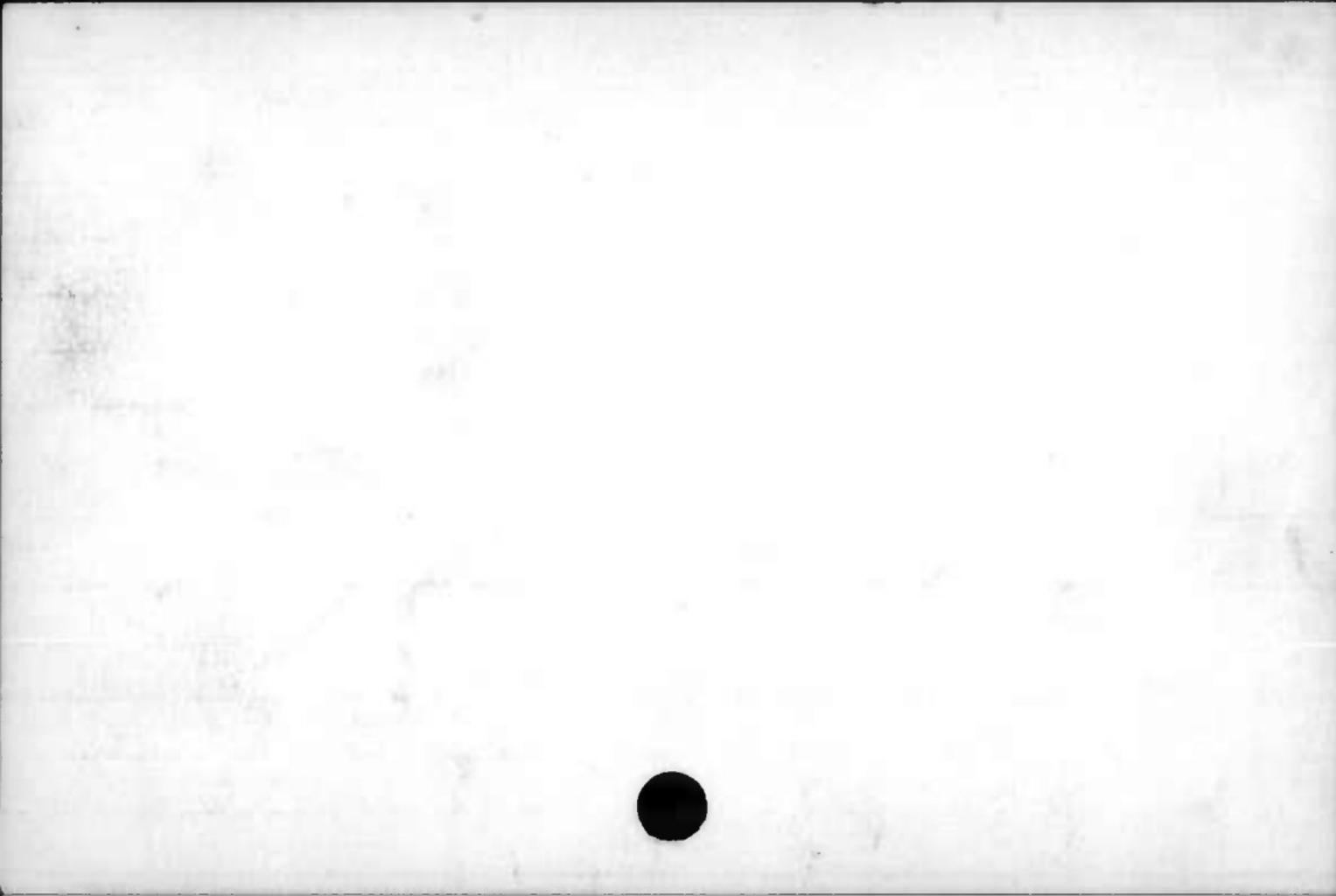
Address

E A Holland

Pennellville

Maryland

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jessie Benton Armstrong

CERTIFICATE OF DEATH

Died at Mardela Spring		Town County		MARYLAND	
Date of death 1907	Month March	Day 20	Years 75	Months	Days 21
Sex Male	Color or Race White	Birth-place Chester Co Pa			
Occupation Teacher	Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband Elizabeth Jane Bomar	Father's Birthplace Chester Co Pa			
Father's Name Andrew Armstrong	Mother's Birthplace Chester Co Pa				
Mother's Maiden Name Maria Thomas	How related to deceased Son				
Name of person giving information A.B. Armstrong					

CAUSES OF DEATH

112

Primary	Cerebrovascular Disease.	
Immediate	Cardiac failure	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician		N. W. Gassaway
Address		Spanplow - Md
Accident or Suicide?		

18.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Town		County		CERTIFICATE OF DEATH					
Died at	Manticore	Month	March	Day	1916	Years	17	MARYLAND			
Date of death	1907	Month	March	Day	1916	Age	17	Months	9	Days	8
Sex	male	Color or Race	white	Birth- place	Maryland						
Occupation	Seaman	Where Residing if not at place of death									
Married, Single or Widowed	single	Name of Wife or Husband	Single								
Father's Name	Frank B. Barclay	Father's Birthplace	Manticore Md								
Mother's Maiden Name	Willie M. Jones	Mother's Birthplace	Manticore Md								
Name of person giving Information	Frank B. Barclay	How related to deceased	Father								

CAUSES OF DEATH

27

How long
one year
How long

Primary

Consumption

Immediate

Hemorrhage

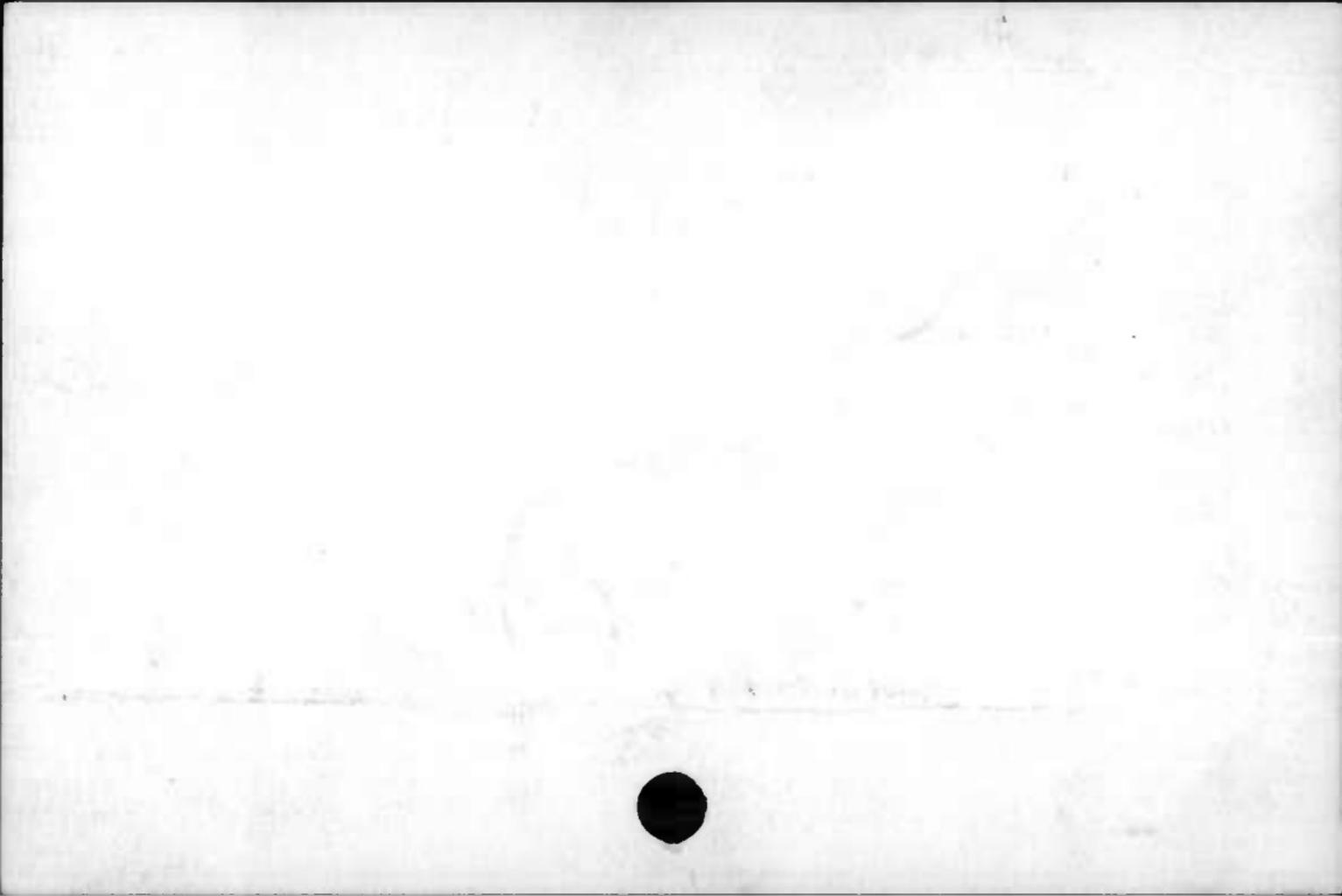
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr J. H. Day
Festerville Md

Accident or Suicide?



Name
in
Full

LNeil Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		County <u>Micromia</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Mar</u>	Day <u>26</u>	Years <u>1</u>	Months <u>1</u>	Days <u>2</u>	
Sex <u>Female</u>	Color or Race <u>Black</u>	Where Residing if not at place of death				
Occupation						Birthplace <u>Mel</u>
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Thomas Pinckell</u>				Father's Birthplace <u>Mel</u>		
Mother's Maiden Name <u>Jela Brown</u>				Mother's Birthplace <u>Mel</u>		
Name of person giving Information <u>Jela Brown</u>				How related to deceased <u>Mather</u>		
CAUSES OF DEATH						
Primary	<u>Bronchitis or Grippe</u>			(10) How long <u>several days</u>		
Immediate	<u>Dyspnea</u>			How long <u>2 or 3 days</u>		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
<u>yes</u>				Address <u>Full. Gleason M.D.</u>		
Accident or Suicide?				<u>Salisbury Md.</u>		



Name
in
Full

Oliver Darnon Gattin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} White Haven

County Nicomico Co

MARYLAND

Date of death 1907 Month March Day 7

Years 14 Months 2 Days 28

Sex man Color or Race White

Birth-place Tyaskin dist

Occupation School Boy Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Oliver J. Gattin

Father's Birthplace Tyaskin

Mother's Maiden Name Alexine Presley

Mother's Birthplace Tyaskin

Name of person giving Information Oliver J. Gattin

How related to deceased Father

CAUSES OF DEATH

79

Primary

Mitral Regurgitation

8-10 yrs -

Immediate

Bronchitis

6 dd -

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

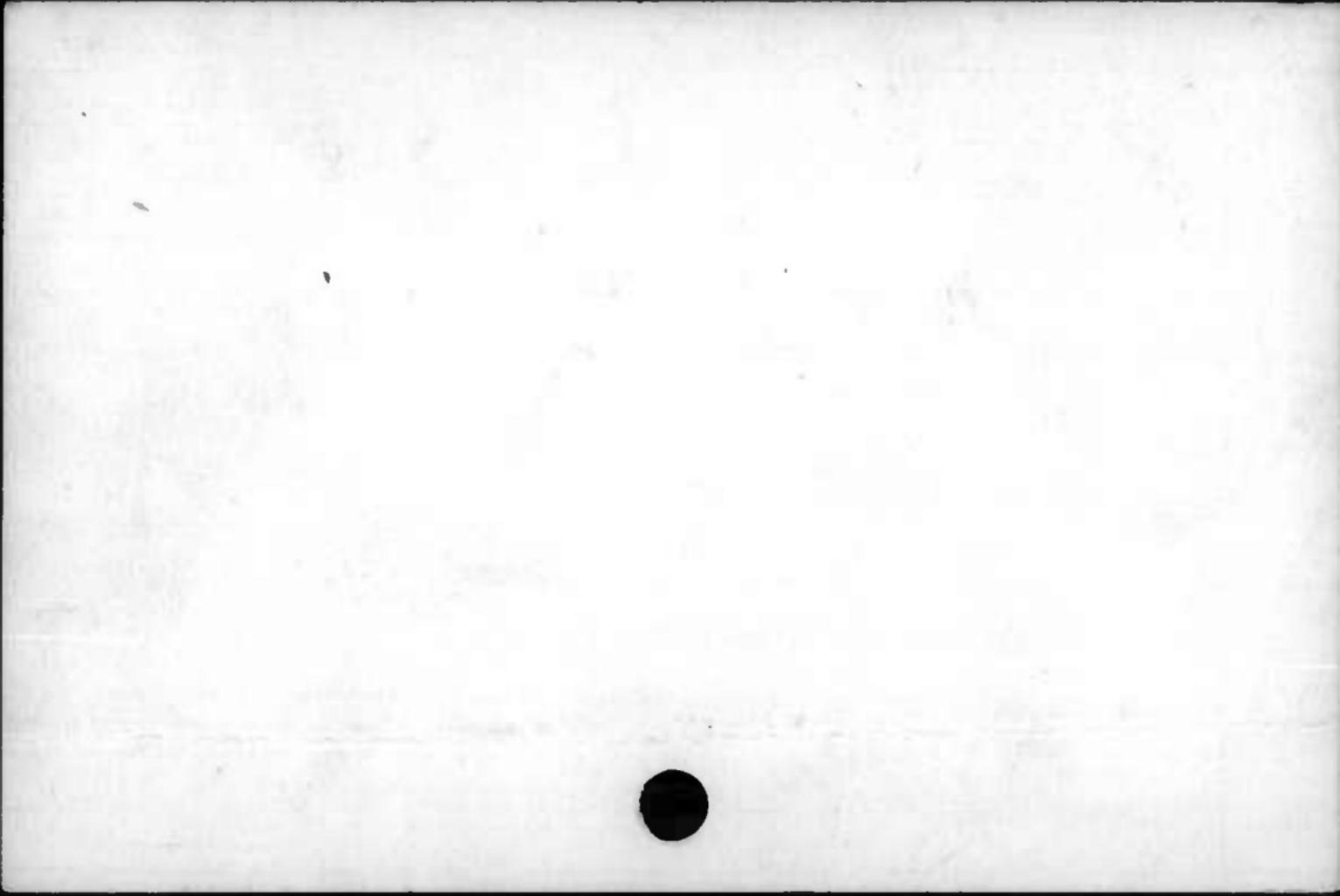
Address

Jas. Presley M.D.

Nantucket
M.L.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lillian D Basile

CERTIFICATE OF DEATH

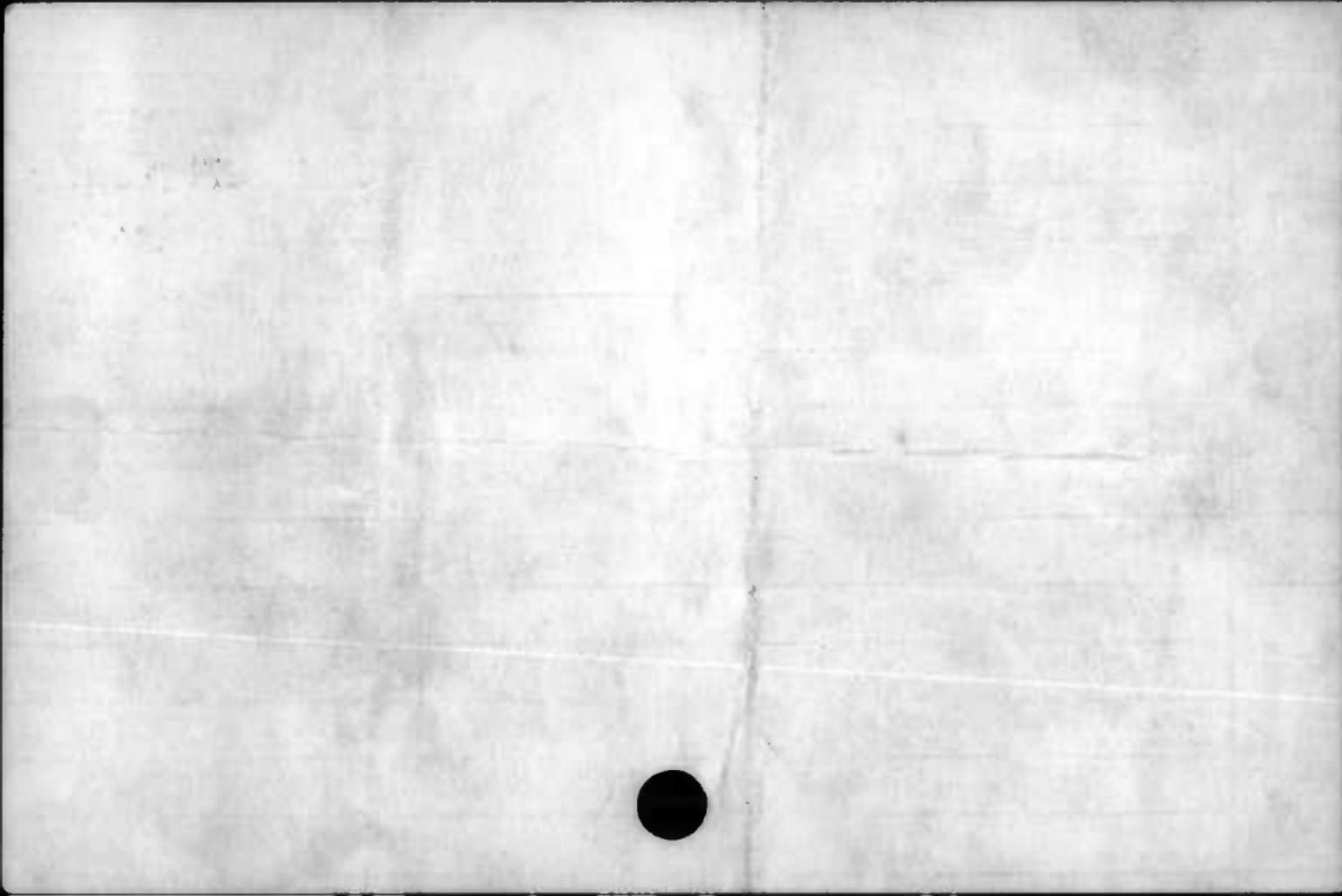
MARYLAND

Died at		Town	County			
Died at	Siloam	St. Mary's Co.				
Date of death	1907	Month	November	Day	27	Years
Age	21	Months	5	Days	22	
Sex	Female	Color or Race	White	Birthplace	St. Mary's Co.	
Occupation	Housekeeper		Where Residing if not at place of death	Siloam St. Mary's Co.		
Married, Separated, Widowed	Name of Husband		Oscar Basile	Oscar Basile		
Father's Name	Wm H. Suykens		Father's Birthplace	Somerset Co.		
Mother's Maiden Name	Mary Lawrence		Mother's Birthplace	St. Mary's Co.		
Name of person giving information	P. W. Rushaw		How related to deceased	None		

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis	How long	1 year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. J. L. Long
I think so		Address	Gillen Md.
Accident or Suicide?			



Name
in
Full

Gattie Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Henry Dennis		
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

Near Salisbury Micromic

1907 Mch. 22nd 80

Female Black Maryland

None

Married Henry Dennis

Not known Hutchinson

Not known Hutchinson

Thomas Byrd Grand Son

CAUSES OF DEATH

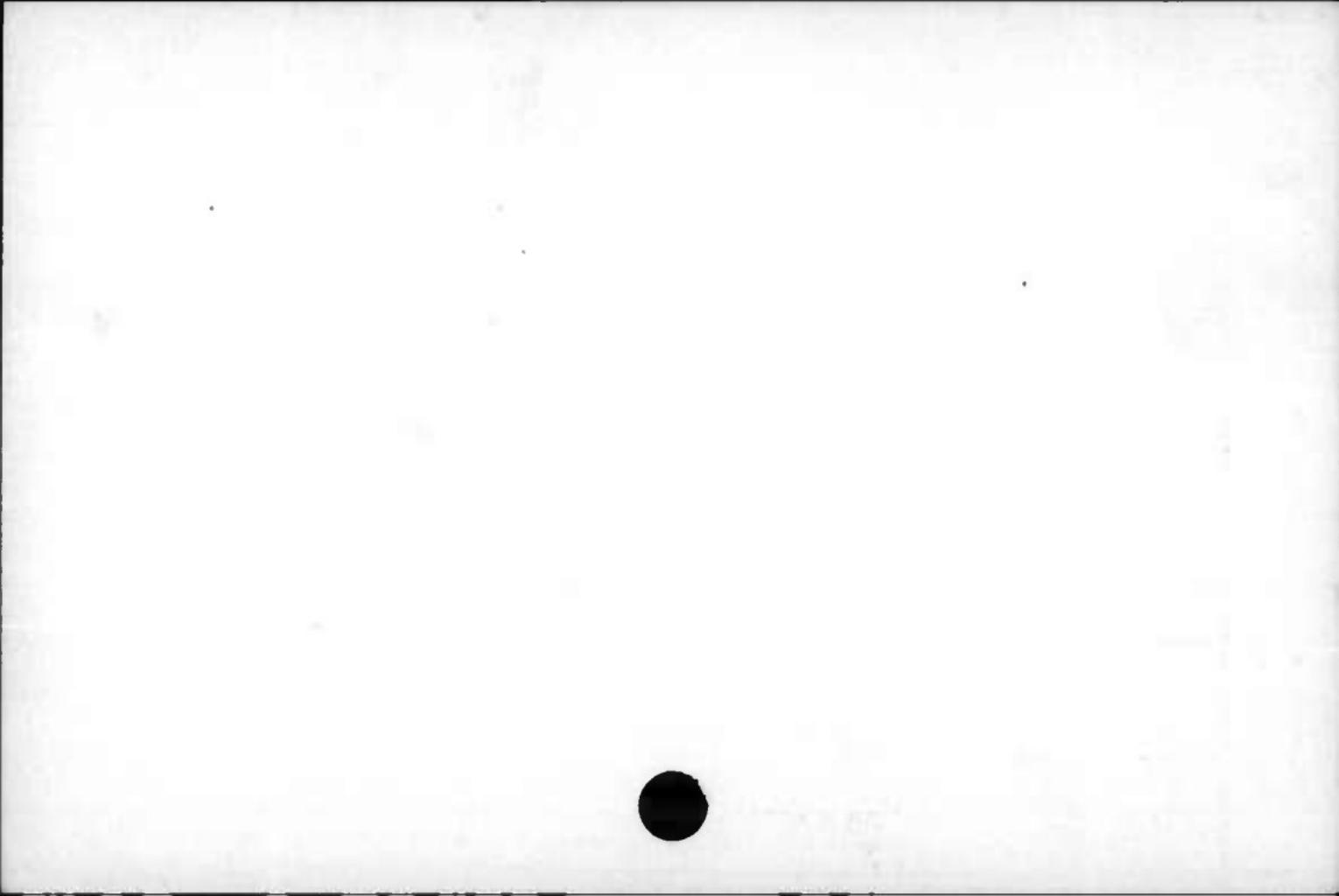
64

PHYSICIAN
OR CORONER

Primary	Cerebral hemorrhage		
Immediate	Arteris - scleroris		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
Address	Dr. Wm. A. Drury		
Accident or Suicide?	Salisbury Md.		

Yes

LIBRARY BUREAU A88818



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dorisella Deshield

CERTIFICATE OF DEATH

Died at <u>Martins</u>		Town <u>Maryland</u>		County <u>Maryland</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>March</u>	Day <u>1</u>	Years <u>38</u>	Age <u>38</u>	Months <u>✓</u>	Days <u>✓</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-place <u>Dal's Island, Md</u>			
Occupation <u>Housework</u>		Where Residing if not at place of death <u>Martins, Md</u>					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>John Deshield</u>			Father's Birthplace <u>Dal's Island, Md</u>			
Father's Name <u>Jones</u>			Mother's Birthplace <u>Dal's Island, Md</u>				
Mother's Maiden Name <u>Mary Jane Jones</u>			How related to deceased <u>Husband</u>				
Name of person giving information <u>John Deshield</u>							

CAUSES OF DEATH

Primary

Influenza

(10)

How long

week

Immediate

Mastoiditis causing thrombosis

How long

months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. G. C. Dill
Salisbury, Md

Accident or Suicide? No



Name
in
Full

Elizabeth Elliott

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

County

Athel.

Maryland

MARYLAND

Date
of death

1907

Month

3

Day

17

Years

65

Months

Days

Age

Sex

Female

Color or
Race

white

Birth-
place

Md

Occupation

Lady

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Hudson Elliott

Father's
Birthplace

Md

Mother's
Maiden Name

Elmer Phillips

Mother's
Birthplace

Md

Name of person giving
Information

Eugene Elliott

How related
to deceased

son

CAUSES OF DEATH

Primary

Hay Grippe

(10)

How long

2 weeks

Immediate

Enteritis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

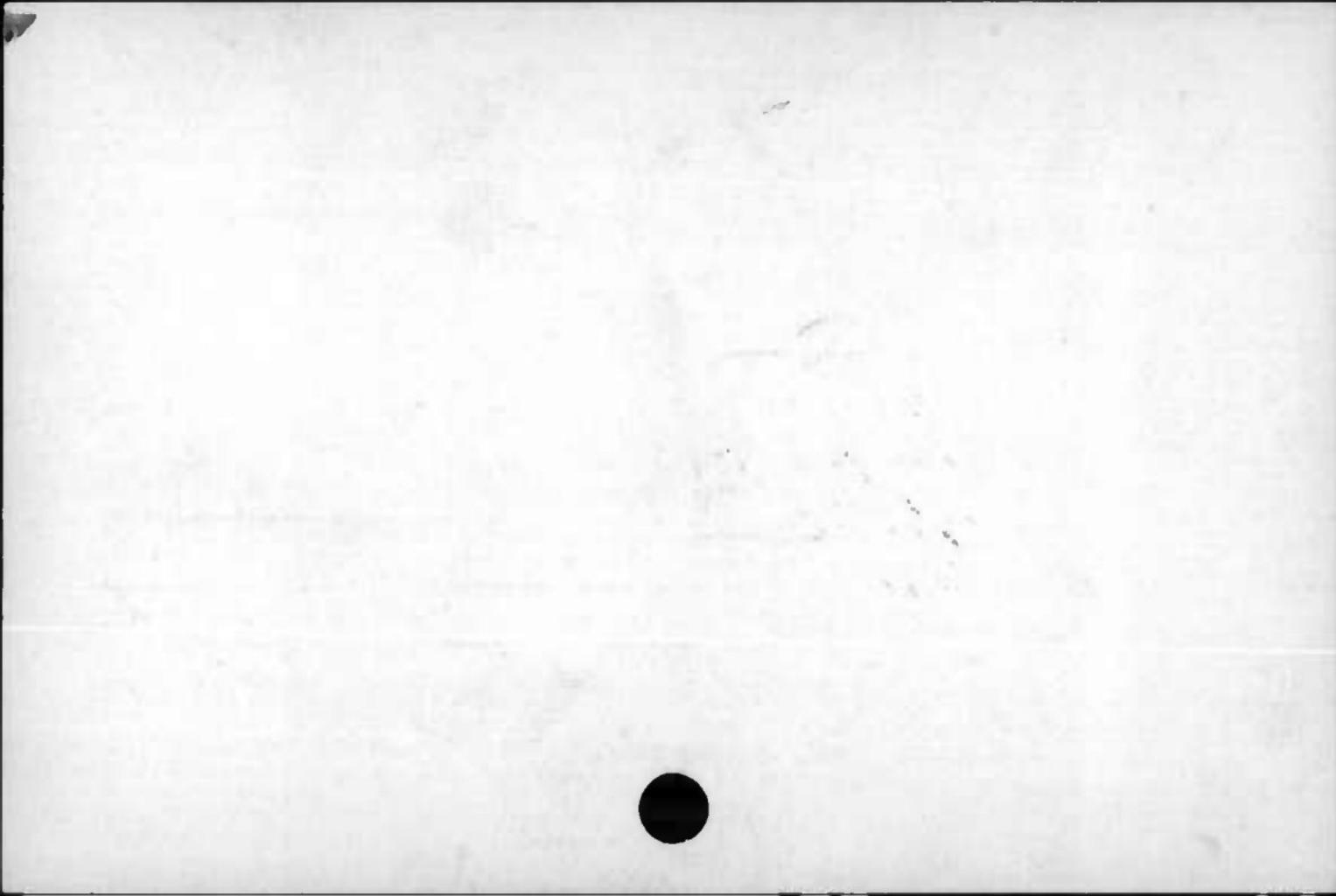
Yes

Signature of
Physician

Address

J. W. Elsasser
Maudie Sperry
Md

Accident or Suicide?



Name
in
Full

Nellie Louise Farlow

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore Md</u>		County <u>in McCormick</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Mar</u>	Day <u>26</u>	Years	Months <u>51</u>	Days <u>26</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Age	Birth-place <u>Md</u>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Harvey Farlow</u>	Father's Birthplace <u>Mel</u>				
Mother's Maiden Name <u>Annie N Hall</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Harvey Farlow</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

(91)

How long

3 months

Immediate

Heart Disease

How long

2 weeks

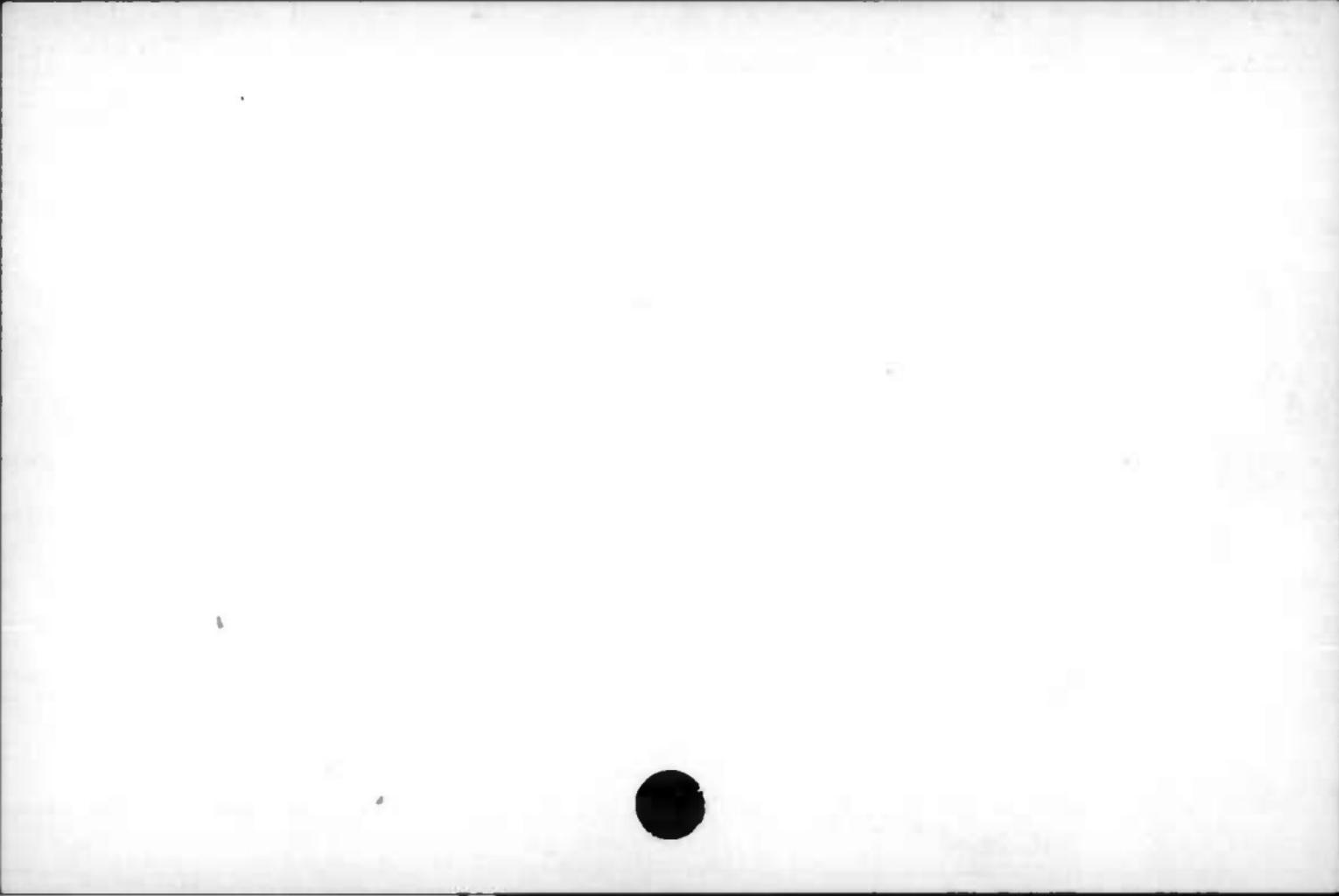
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Penquitta Filds

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1907	Month Mar	Day 24	Years 50	Months	Days
Sex	Female	Color or Race	White		Birth-place	Md.
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of wife or Husband	Am. Filds			
Father's Name	Mrs Filds		✓		Father's Birthplace	Md.
Mother's Maiden Name	Unknown		✓		Mother's Birthplace	Unknown
Name of person giving Information	W.G Marshall		✓		How related to deceased	none

CAUSES OF DEATH

(42)

How long

1 year or more

How long

" "

PHYSICIAN
OR CORONER

Primary Cause of death

Immediate Nictatatio Cachexia

Are the name, age, sex, color, date and place correctly given above?

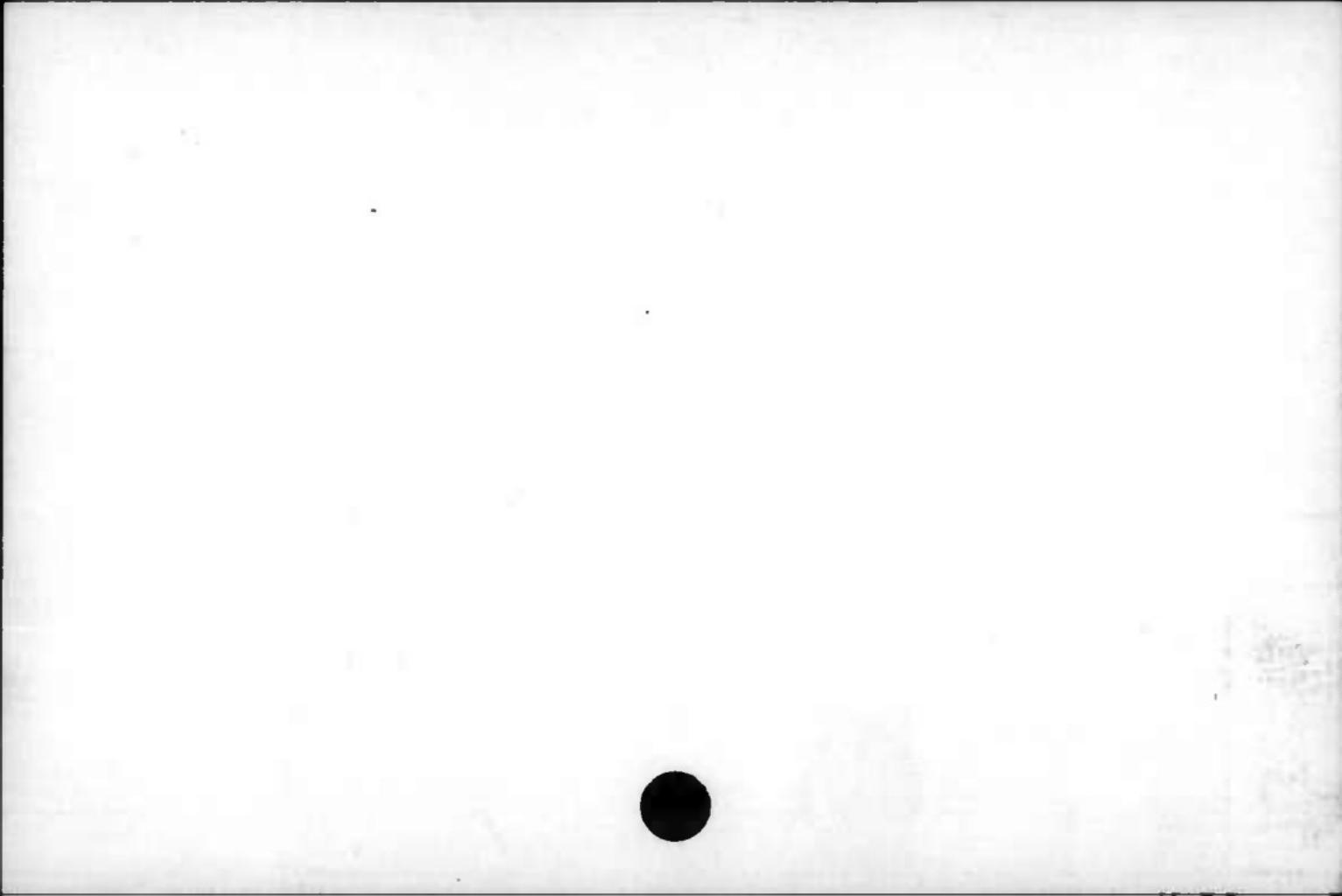
yes

Signature of Physician

Address

Louis W. Reavis M.D.
Salisbury Md.

Accident or Suicide?



Name
in
Full

S. P. Gordy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

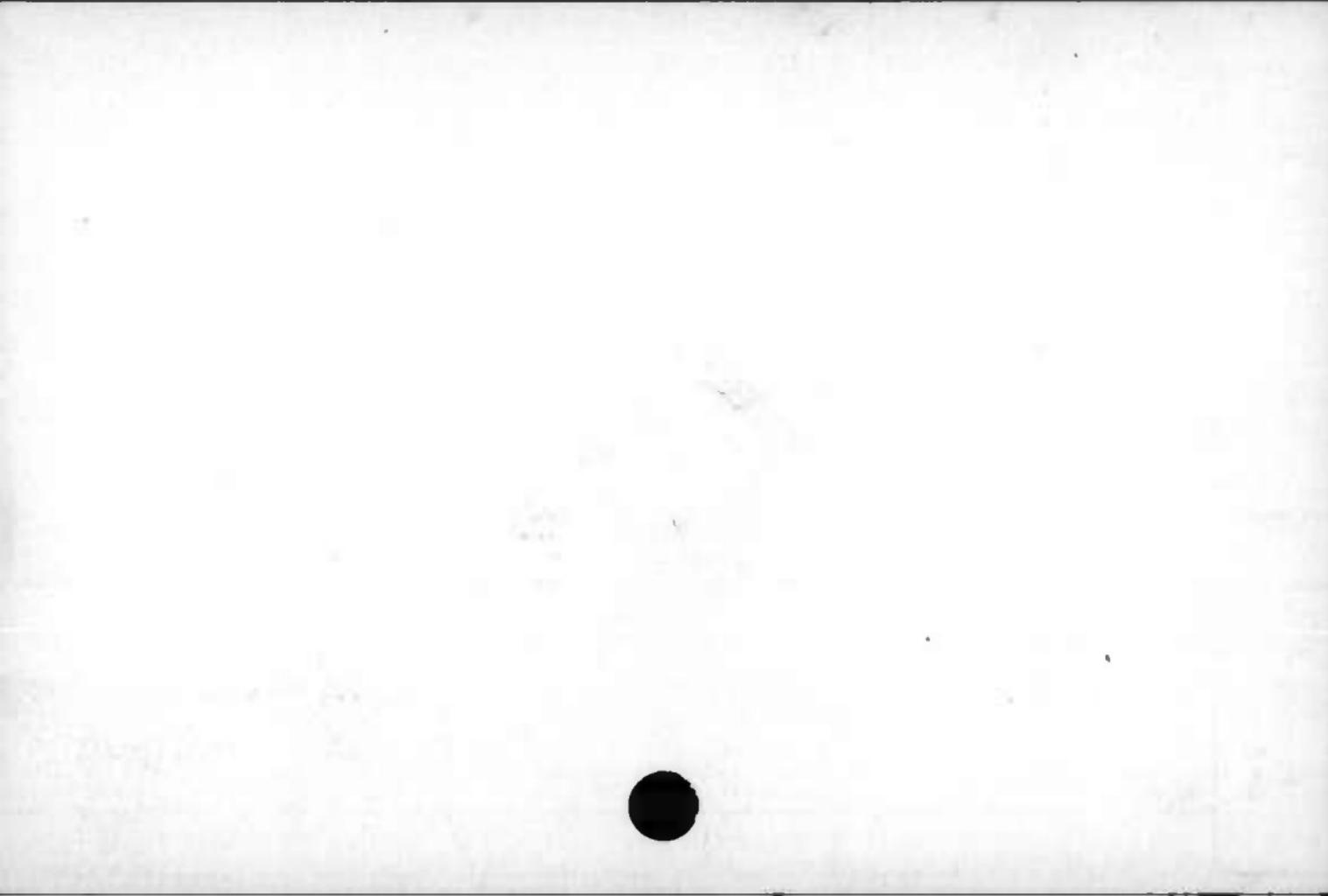
PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Age	52	Months	Days
Sex	Male	Color or Race	white
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Pocowoke City
Father's Name	Not known	Father's Birthplace	Unknown
Mother's Maiden Name	Not known	Mother's Birthplace	Unknown
Name of person giving Information	L.D. Melvin	How related to deceased	not at all

CAUSES OF DEATH

114

Primary	Suffocation of bladder with stones		
Immediate	asphyxiation		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. S. Gordy
		Address	Salisbury, Md
Accident or Suicide?	No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Delaware</u>		Town	County <u>Maryland</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>March</u>	Day <u>26</u>	Years <u>1</u>	Age <u>2</u>	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation <u>Child</u>		Where Residing if not at place of death <u>Delaware MD</u>	Birth-place <u>Delaware MD</u>		
Married, Single or Widowed <u>Sepot</u>	Name of Wife or Husband <u>John W Hancock</u>	Father's Name <u>John W Hancock</u>		Father's Birthplace <u>Salisbury</u>	Mother's Birthplace <u>Delaware</u>		
Mother's Maiden Name <u>Rosa Hancock</u>	Name of person giving information		How related to deceased				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

several

Immediate

Pneumonia

How long

several

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Robert Deegan M.D.Delaware Dr

Accident or Suicide?

a m

Seresta Hitch

Died at Spring Hill Wisconsin Town County
 Date 1901 Month March Day 11 Y. M. D. Native of MARYLAND
Mate White Married Widow Housewife
Female Colored Single Widower Number of children living 5

Husband of:

Wife

Father's

Name

10

Mother's

Maiden Name

Cause of

Primary

Flu Grippe

How long sick

10 days

Death

Immediate

Congestion of Lungs

Accident, Suicide, Homicide

Reported by

F. M. Stevens M.D.

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William B. Hitchens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Place	Town	County	MARYLAND		
Date of death	Year	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Delaware	
Occupation	Farmer			Where Residing if not at place of death	Wicomico County Md	
Married, Single or Widowed	Married	Name of Wife or Husband	William B Hitchens	Father's Birthplace	Delaware	
Father's Name	E. J. Hitchens			Mother's Birthplace	Delaware	
Mother's Maiden Name	L. T. Cooper			How related to deceased	no	
Name of person giving Information	Patrick Parker					

CAUSES OF DEATH

120

Primary

Bright's Disease

8 years

Immediate

Collapse

How long

Are the name, age, sex, color, date and place correctly given above?

yes

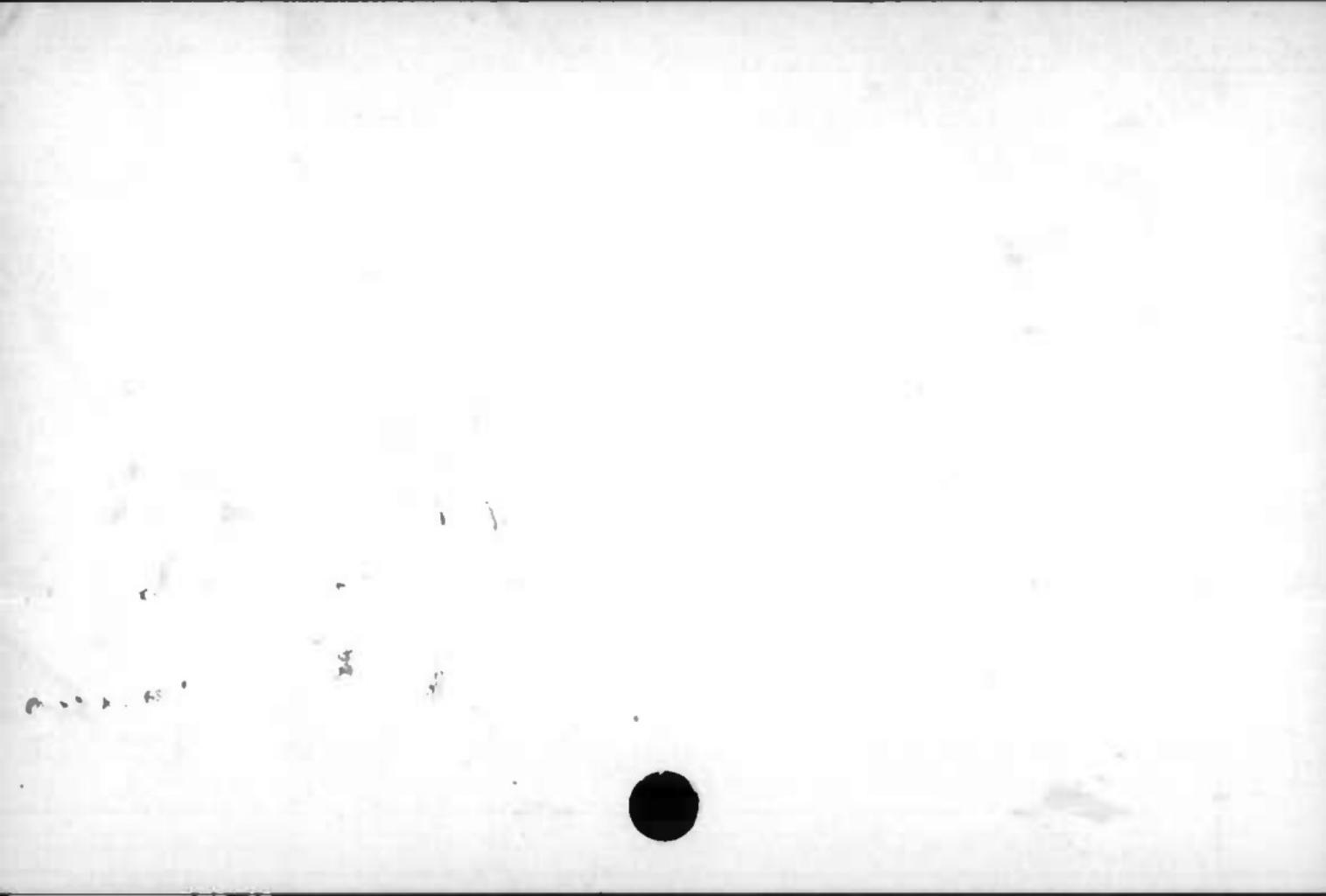
Signature of Physician

Address

James Bransford
Delmar Delaware

Accident or Suicide?

no



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Infant Reese Louise
Died at Mandala

CERTIFICATE OF DEATH

MARYLAND

Town Mandala County Worcester
Date of death 1907 Month 3 Day 4 Years — Months — Days 10
Sex Female Color or Race white Birth-place Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Reese Louise

Father's Birthplace Md

Mother's Maiden Name Agnes Gillis

Mother's Birthplace Md

Name of person giving Information Reese Louise

How related to deceased Father

CAUSES OF DEATH

Primary

Prematurity

151

How long Two Months

Immediate

Starvation

How long 2 Weeks

Are the name, age, sex, color, date and place correctly given above?

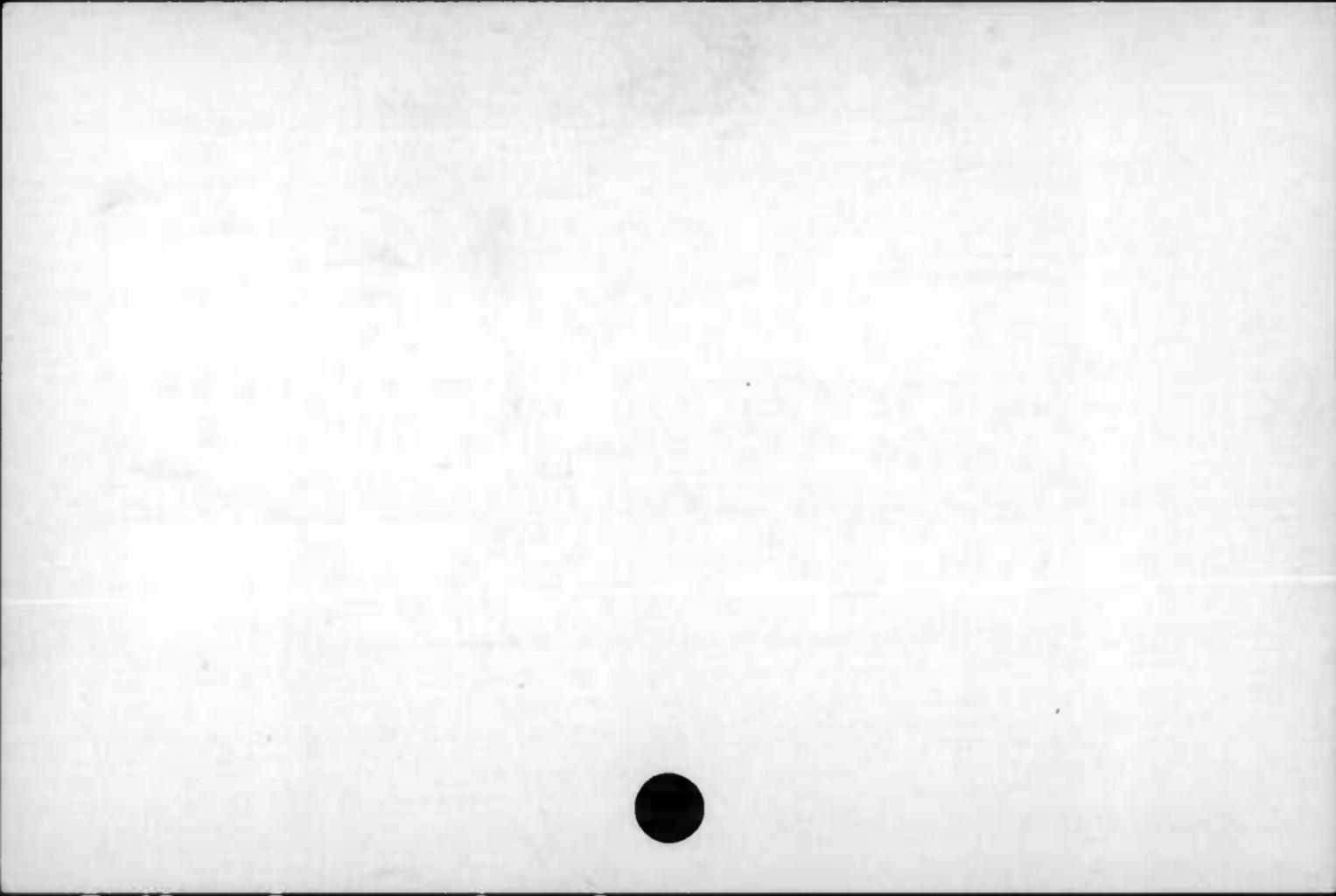
Yes

Signature of Physician

Address

W. Oldenice M.D.
Mandala Springs, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

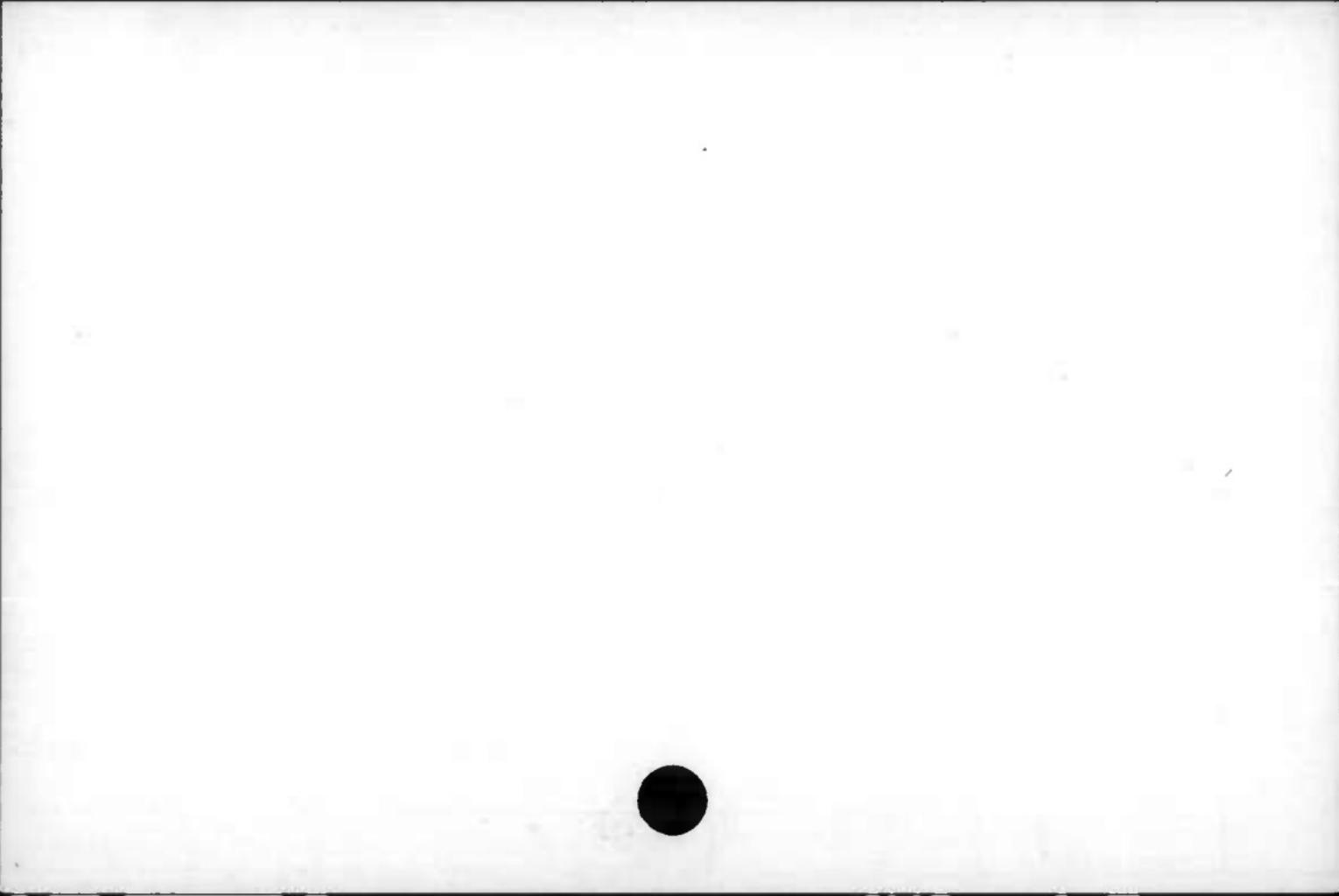
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1907	Mar	1	Age 1 week
Sex	Color or Race	Birth-place	Days
Female	White	Sharplow	—
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Albert Lowe		
Mother's Maiden Name	Viola Phipps		
Name of person giving Information	Albert Lowe.		

CAUSES OF DEATH

100

Primary	Heart.	How long	4 days.
Immediate	Fits.	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	N N - Gossage
		Address	Sharplow Md
Accident or Suicide?		✓	



Name
in
Full

John W. Marvin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

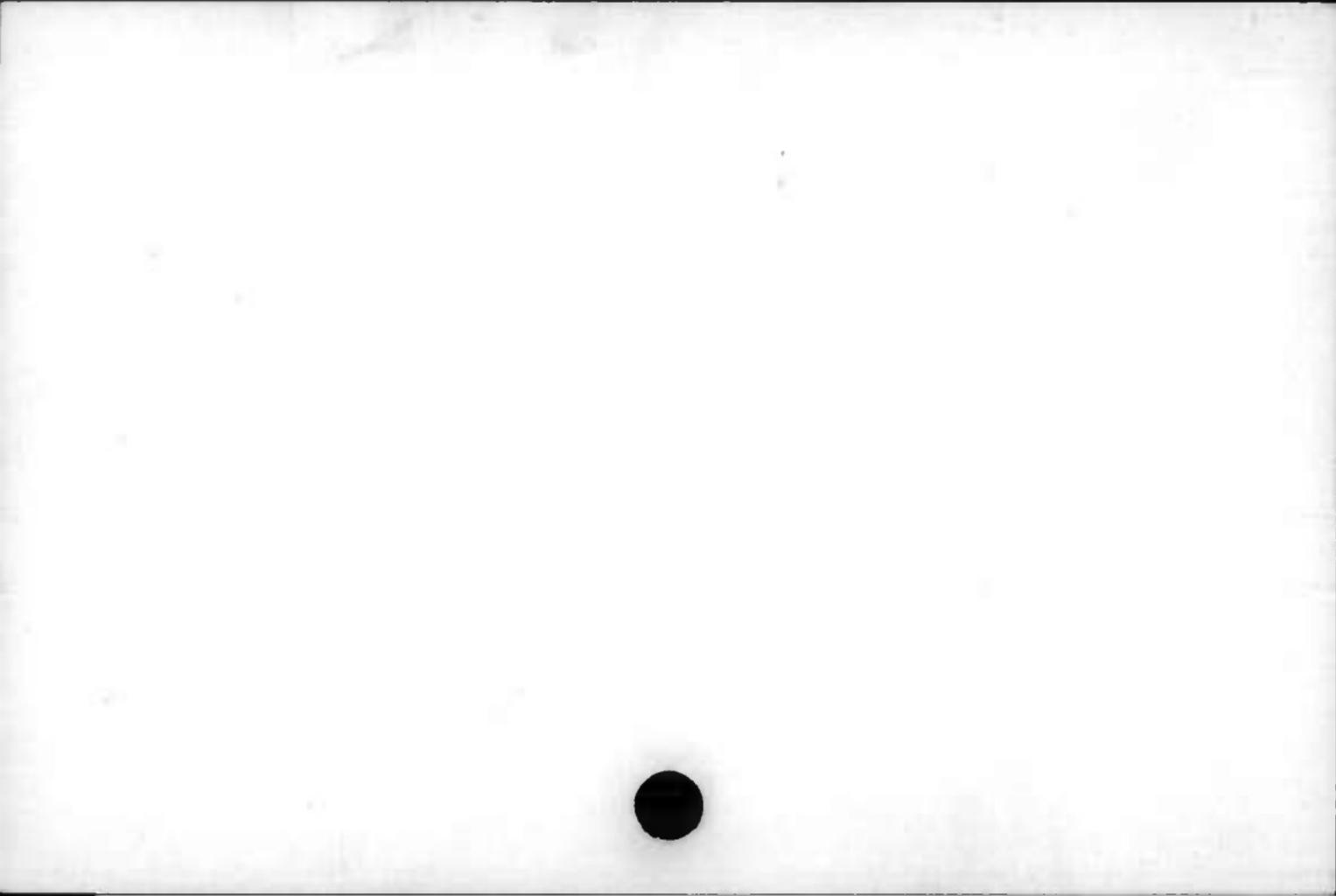
Died at	Town	County	MARYLAND
near Salisbury	Wicomico		
Date of death	Month	Day	Years Months Days
1907	Mar	30	Age 52 5 10
Sex	Color or Race	Birth-place	
Male	White	Bethel	
Occupation	Where Residing if not at place of death		
Farmer			
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	James B. Marvin	Father's Birthplace	Bethel
Mother's Maiden Name	Mary E. Lowe	Mother's Birthplace	Bethel
Name of person giving Information	Belly Marvin	How related to deceased	Brother

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long	I do not know; only
Immediate	Exhaustion	How long	about 2 days ago
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. M. D. Dick
So far as		Address	Salisbury, Md.
I know -			
Accident or Suicide?			
No.			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birthplace				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					
CAUSES OF DEATH						
Primary	Consumption					
Immediate	No Doctor in attendance.					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long		
		J.W. Gravemor				
Address						
Accident or Suicide?						

27

PHYSICIAN
OR CORONER



Name
in
Full

Athenia E. Parsons

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Died at Near Mardela.		County	Maryland	
Date of death	1907	Month March	Day 1st	Years 65	Months - Days -
Sex	Female	Color or Race	white	Birth-place	Lel. Md.
Occupation	Lady		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Eben. Parsons	Father's Birthplace	Lel
Father's Name	Levin Brown		(don't know)	Mother's Birthplace	Leel
Mother's Maiden Name	(don't know)		How related to deceased	Son	
Name of person giving information	Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia)

(93)

How long

two week

Immediate

Are the name, age, sex, color, date and place correctly given above?

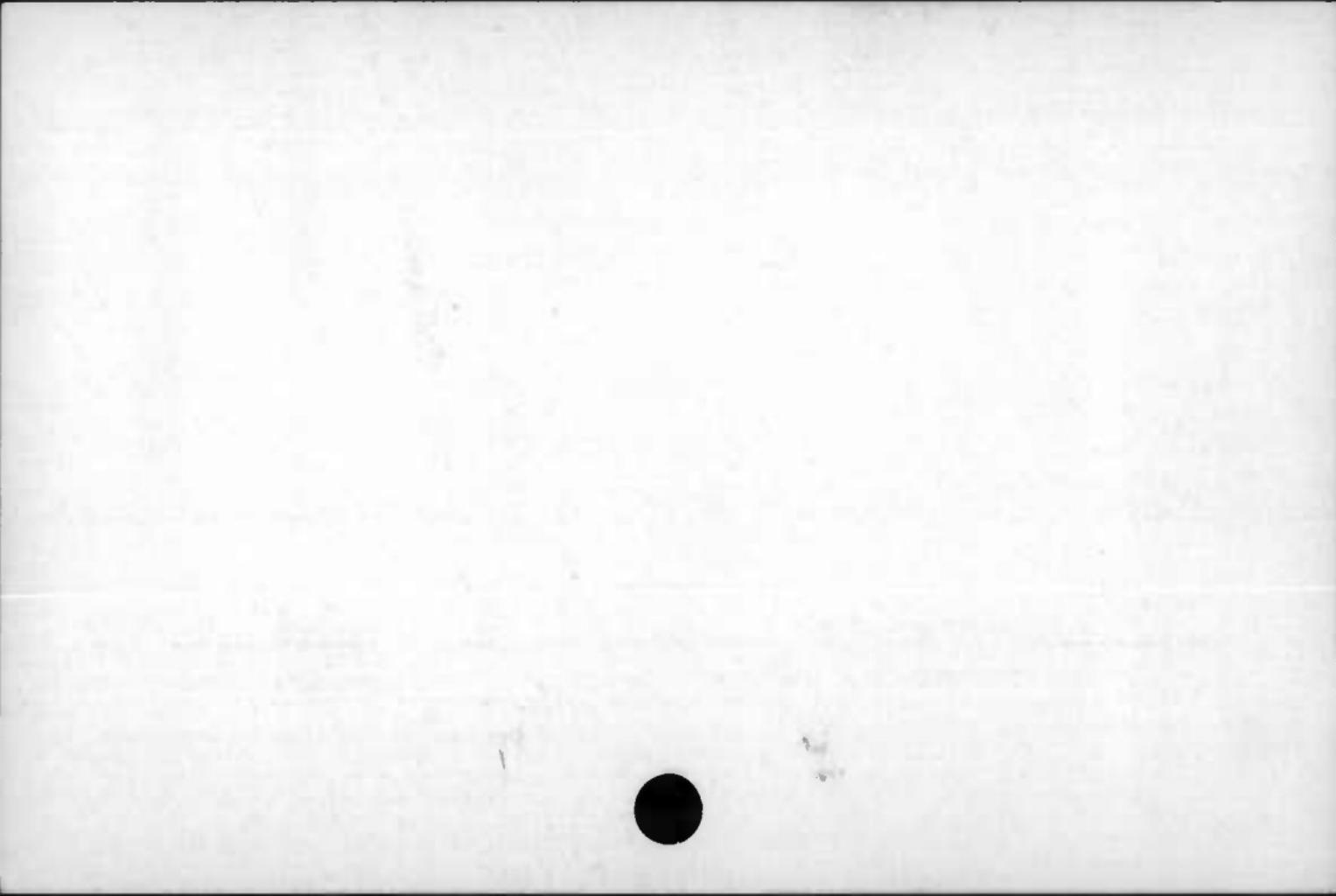
Signature of Physician

Dr. English

Address

Mardela-Springs
Maryland

Accident or Suicide?



Name
in
Full

Mary E Payne.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

widow

Frank T. Deans.

27

CAUSES OF DEATH

Primary
Tuberculosis.

Immediate
Tuberculosis

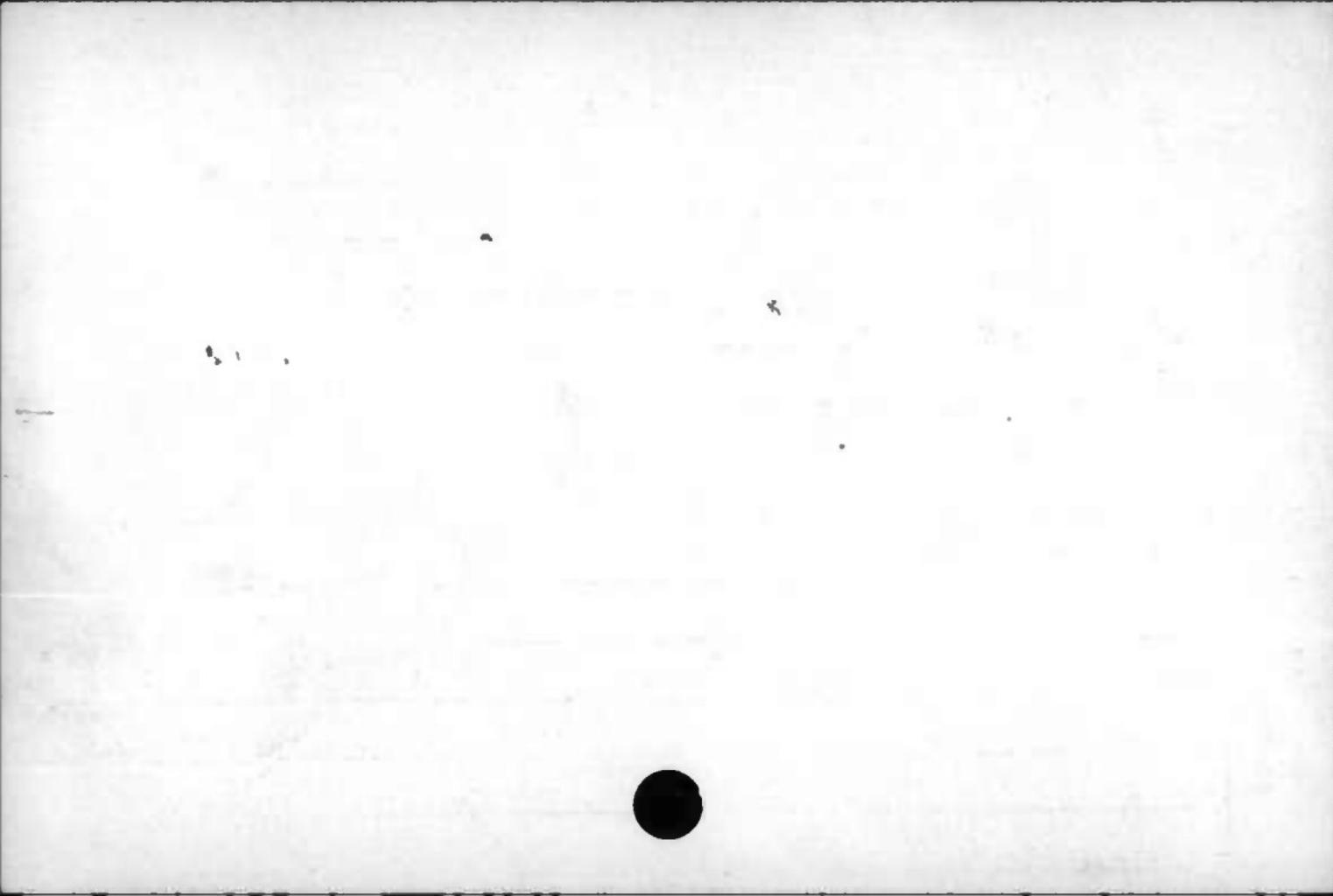
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Robert Allegood M.D.
Delmar Del.

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Frederick E Shan					CERTIFICATE OF DEATH	
Died at	Town	County	MARYLAND			
Date of death 190	Month 1	Day 7	Years 20	Age	Months 8	Days -
Sex Male	Color or Race white	Birth-place Md				
Occupation Laborer	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband None					
Father's Name Wm H. Spear	Father's Birthplace Md					
Mother's Maiden Name Mary S. Milder	Mother's Birthplace Md					
Name of person giving information Wm H. Spear	How related to deceased Father					
CAUSES OF DEATH						
Primary	93	How long	2 Weeks			
Immediate Pneumonia		How long				
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. C. Connamanay	Address	7 Kelton Ma			
Accident or Suicide?	✓					

Dick English
Mandella
Red

This man want
more cords

Name
in
Full

Sarah F. Todd

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Salisbury			County	Wicomico		
Date of death	Month	Day	Age	Years	Months	Days	
1907	McL.	5 th	76	76	9		
Sex	Female		Color or Race	White			
Occupation	House		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband	Geo. W. Todd			
Father's Name	James Cooper			Father's Birthplace	Not Known		
Mother's Maiden Name	Eleanor McLean			Mother's Birthplace	" "		
Name of person giving Information	F. L. Todd			How related to deceased	Brother in law		

CAUSES OF DEATH

Primary	Albumenuria		120	How long	Several Months
Immediate	Inanition			How long	Several days
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	J. M. Stevens M.D.	
			Address	Salisbury Md.	
Accident or Suicide?			✓		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Ellen Louisa Goodvine

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	66	-	16
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	<i>A. D. Goodvine</i>			
Father's Name	<i>Isaac Copington</i>				
Mother's Maiden Name	<i>Amelia Franklin</i>				
Name of person giving information	<i>A. D. Goodvine</i>				

CAUSES OF DEATH

(179)

How long

PHYSICIAN
OR CORONER

Primary

Don't know

Immediate

Died suddenly, was dead when discovered

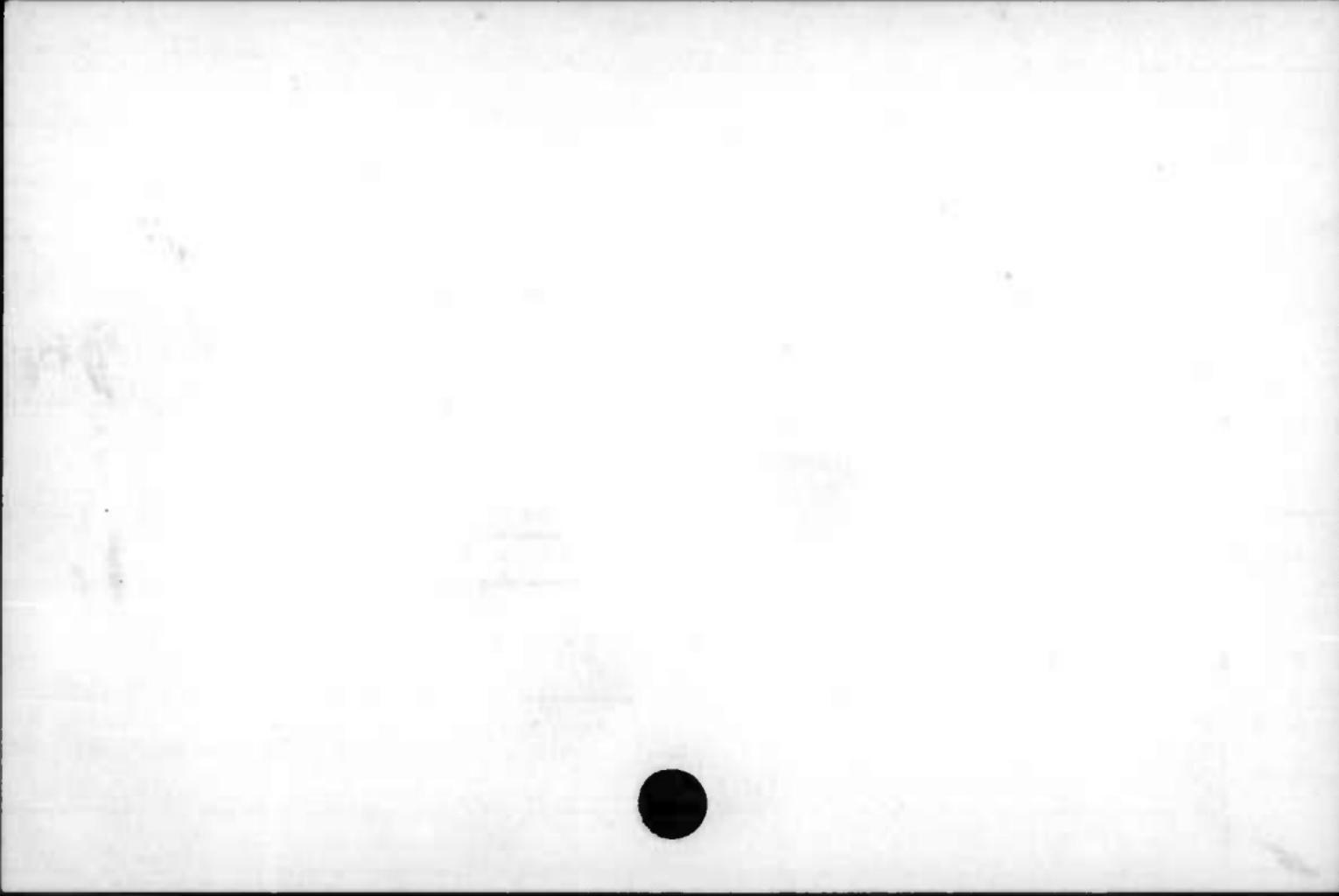
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Louie W. Econimides
Subsidiary M.D.

Accident or Suicide?



Name
in
Full

Mary N. Tittle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u>		Town	County <u>Wicomico</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Mar</u>	Day <u>18</u>	Age <u>54</u>	Years <u>54</u>	Months <u>6</u>	Days <u>22</u>
Sex <u>Female</u>	Color or Race <u>White</u>				Birthplace <u>N.Y.</u>	
Occupation <u>Housework</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of <u>—</u> or Husband	<u>Elvarez Tittle</u>				
Father's Name <u>Russell W. Freedman</u>						Father's Birthplace <u>Mass</u>
Mother's Maiden Name <u>Deborah Smith</u>						Mother's Birthplace <u>N.Y.</u>
Name of person giving information <u>Eva Tittle</u>						How related to deceased <u>Daughter</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer

45

How long

Don't know

Immediate

Hemorrhage

How long

few days

Are the name, age, sex, color, date and place correctly given above?

Yes

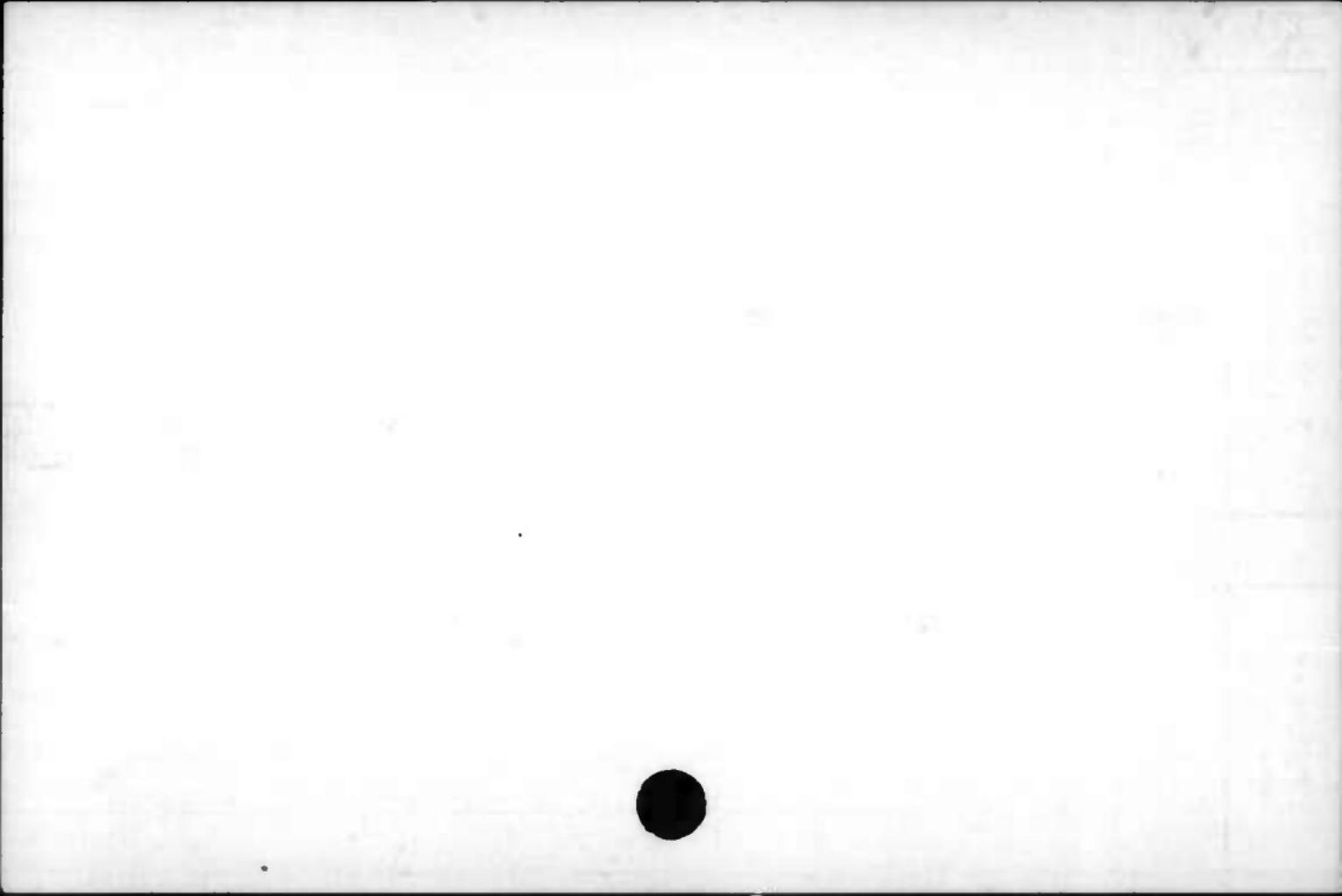
Signature of Physician

Address

Dr. W. Todd

Salisbury
MD

Accident or Suicide?



Name
in
Full

Jashti Ivorford
Sharpleson

CERTIFICATE OF DEATH

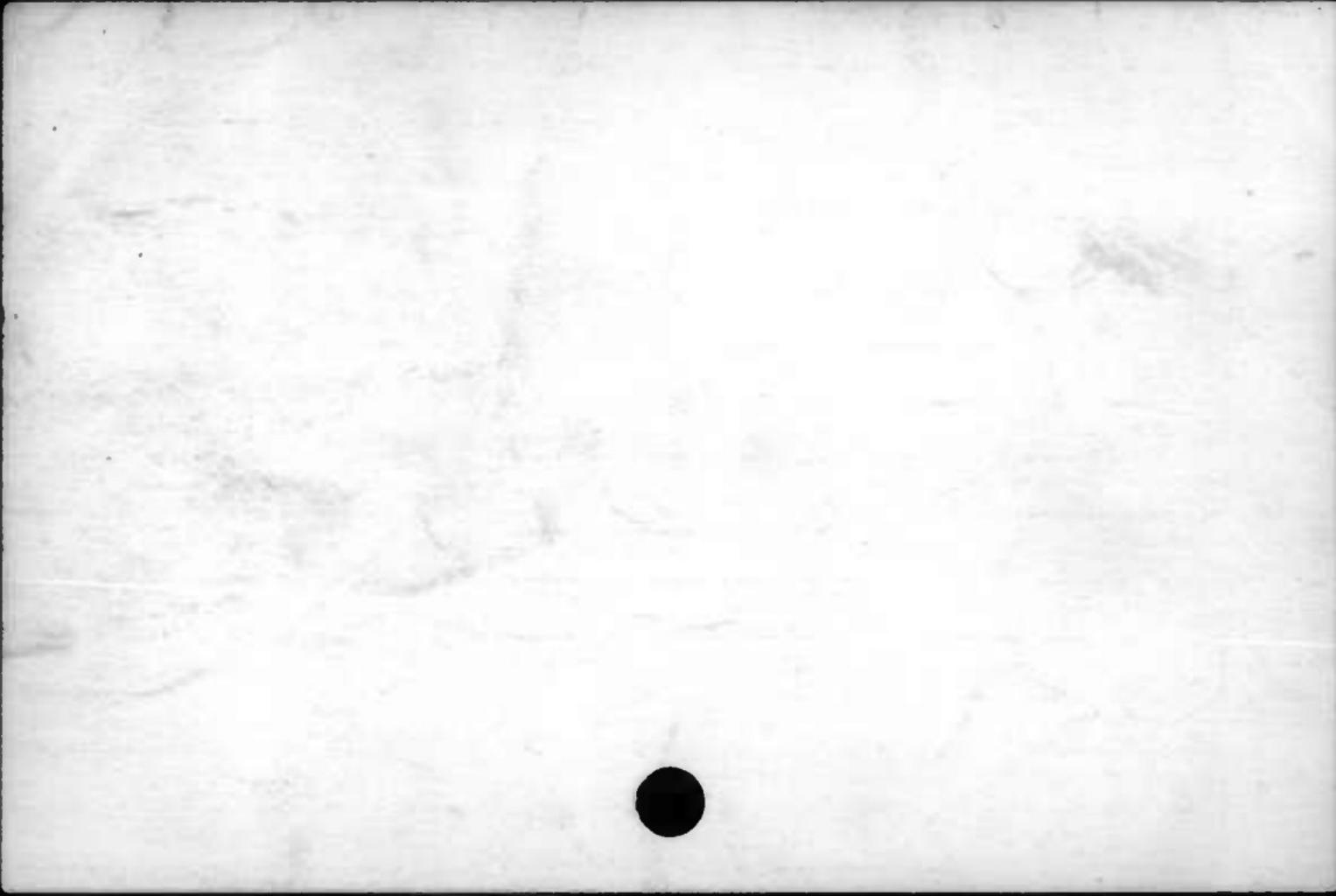
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Osborn Adams.			
Father's Name	Walthew Marive				
Mother's Maiden Name	Harvey Oklahoma				
Name of person giving information	Mary A. Gravemor				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	(66)	How long
Immediate	2d attack of Paralysis		How long
Are the name, age, sex, color, date and place correctly given above?		you	Signature of Physician
			Address
Accident or Suicide?		✓	



Name
in
Full

Martha Washington Wallace

CERTIFICATE OF DEATH

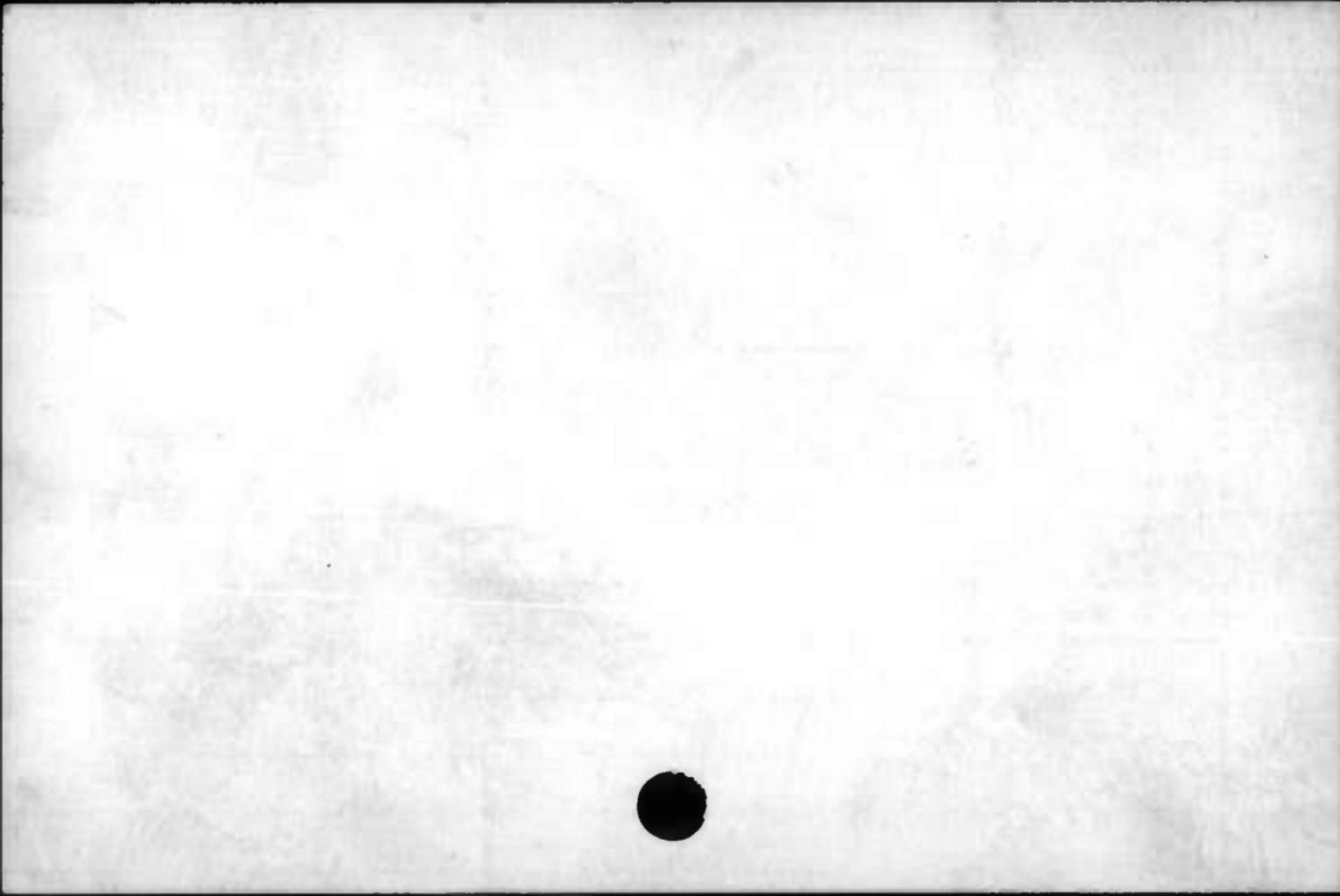
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Died at	Maryland	Nanticoke	Wicomico County	MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days
		March	17	46	2	10
Sex	Female	Color or Race	Colored	Birth-place	Nanticoke and Wicomico and	
Occupation	House keeper		Where Residing if not at place of death	John S. Wallace		
Married, Single or Widowed	Married	Name of Wife or Husband		Father's Name	Dorcester county	
Father's Name	Wardie Ross			Mother's Name	Nanticoke and	
Mother's Maiden Name	Streasic Barkley				Sister	
Name of person giving Information	Kattie Elsey			How related to deceased		

CAUSES OF DEATH

108

Primary	Deteriorated condition		How long
	6 mths -		
Immediate	Grandmother		How long
			3 days -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Colored		Address	J.P. Blahey M.D.
Accident or Suicide?			Princeton, N.J. 2nd



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Theresa Wallace

CERTIFICATE OF DEATH

Died at <u>Nanticoke</u> Town		County <u>Micromic</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>3</u>	Day <u>24</u>	Age <u>6</u> Years	Months <u>6</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Maryland</u>			
Occupation <u>child</u>	Where Residing if not at place of death <u>Maryland</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Talbot Wallace</u>	Father's Birthplace <u>Don't Know</u>				
Mother's Maiden Name <u>Berlie Barley</u>	Mother's Birthplace <u>Don't Know</u>				
Name of person giving Information <u>Talbot Wallace</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Pneumonia</u>	93	How long <u>3 weeks</u>
	Immediate <u>Exhaustion</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr J H. Oday</i>	Address
Accident or Suicide?			

Returned &
Returned

Name
in
Full

Perry Handy Waller

CERTIFICATE OF DEATH

TO BE ANSWERED BY

A NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Amy Kennedy			
Father's Name	Stephen Waller			Father's Birthplace	Sussex Co. Del.
Mother's Maiden Name	Reals Cilser			Mother's Birthplace	Sussex Co. Del.
Name of person giving information	James T. Waller			How related to deceased	Son

CAUSES OF DEATH

79

How long

2 years

How long

3 weeks

PHYSICIAN
OR CORONER

Primary

Endocarditis

Immediate

General Debility

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J.W. Elderice,
Mardela Springs
Md

Accident or Suicide?

